CORE 40 AND ACADEMIC HONORS UPDATE SYSTEM (CHIPS) VERIFICATION FORM FOR THE FRANK O'BANNON GRANT PROGRAM
2008- 2009 ACADEMIC YEAR
State Form 52021 (R4/7-07)

Parents should keep a copy of this form

Students who file the 2008-2009 Free Application for Federal Student Aid (FAFSA) by the State Student Assistance Commission of Indiana's (SSACI) March 10, 2008 receipt date deadline and qualify for SSACI's need-based Frank O'Bannon Grant may receive additional need-based Frank O'Bannon Grant funds. In order to qualify, the student must earn the Core 40 (C40) Diploma with a cumulative grade point average of at least 2.0 on a 4.0 scale or earn the Academic Honors Diploma (AHD) with a cumulative grade point average of at least 3.0 on a 4.0 scale from an Indiana Department of Education accredited high school.

In addition to filing the 2008-2009 FAFSA by the March 10, 2008 receipt date deadline, completion of this verification form may be required by your child's high school to collect and release the necessary diploma information to SSACI and the colleges and universities to which he or she has applied for admission and financial aid. This form must be completed and returned to your child's high school by the date of _____. It is your responsibility to provide the correct information and meet all deadlines. Failure to do so will prevent your child from being considered for the additional C40 or AHD need-based Frank O'Bannon Grant funds, even if otherwise eligible.

After April 1, 2008 check your child's record at the SSACI eStudent web site, www.ssaci.in.gov/estudent/. Make sure your child's diploma status is correctly reported. If not, contact the high school guidance office. Also check eStudent to make sure there are no edits associated with the 2008-2009 FAFSA which would prevent SSACI from processing aid. Correct all FAFSA edits by the SSACI June 10, 2008 correction receipt date deadline.

It is the family's responsibility to file the 2008-2009 FAFSA by the March 10, 2008 receipt date deadline, correct SSACI edits by the June 10, 2008 correction receipt date deadline, and make sure the C40 or AHD information reported by the high school is correct.

Parent Release: I authorize the release of my child's name, date of birth and Social Security Number to SSACI so that he or she can be considered for the additional C40 or AHD need-based Frank O'Bannon Grant funds. I understand that this information will only be released if needed to SSACI, qualified colleges and universities, the Indiana Commission of Higher Education and the Indiana Department of Education for purposes of determine financial aid eligibility and evaluating graduation and completion data.

_____
Parent Signature (Mandatory)

_____
Parent Name (Please Print)

Student Name, Social Security Number, and Date of Birth: (Mandatory)

PLEASE PRINT

_____
Student Last Name (as it appears on Social Security Card)

_____
Student First Name (as it appears on Social Security Card)

Accuracy is important – check the student's social security card to be sure the correct SSN is provided

____ ____ ____ - ____ ____ - ____ ____ ____ ____
Student Social Security Number (as it appears on Social Security Card)

____ ____ / ____ ____ / ____ ____ ____ ____
Student Date of Birth (MM/DD/CCYY as it appears on birth certificate)

FOR MORE INFORMATION ABOUT STATE GRANT PROGRAMS, VISIT THE SSACI WEB SITE: http://www.ssaci.IN.gov

The following section to be completed by high school representative. This form to be kept on file at the high school and not returned to SSACI.

School Name: _____

Authorized Signature:

Based on seventh semester grades I certify that the information on this form submitted to SSACI is true and accurate for this student who are expected to graduate with either an Academic Honors Diploma with at least a 3.0 cumulative grade point average on a 4.0 scale; or a Core 40 Diploma with at least a 2.0 cumulative grade point average on a 4.0 scale.

I will modify the information sent to SSACI if the student's final grades reflect a different program (Core 40, AHD, or Neither) status than originally listed.

_____
Name of Authorized School Representative

_____
Signature

_____
Date

Academic Honors Core 40 Verification <u>Check only one</u>

O **Core 40**

O **Academic Honors**